FORM D

UNITED STATES S SION

SEC Mail Processing Section

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

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OMB APPROVAL OMB Number: 3235-0076 April 30, 2008 Expires: Estimated average burden Hours per response: 16.00

SEC	SEC USE ONLY								
Prefix	Serial								
DATE	RECEIVED								
JAIE	KECEIVED								

_ 1 0 0	SECTION 4 UNIFORM LIMITED O	(6), AND/OR FFERI <u>NG EXE</u> I	MPTION		<u> </u>	
	Hedge Fund of Funds (TE),	LLC		_		
Filing Under (Check box(es) that	apply): Rule 504 Rule	e 505 🛛 Rule	506 🗌 Sec	ction 4(6) 🔲 UI	LOE	
Type of Filing: 🛮 🛛 New Filir	g Amendment				<u> </u>	
	A. BAS	SIC IDENTIFICA	ATION DATA	Α		
1. Enter the information requeste	d about the issuer					
Name of Issuer (check if this Excelsior Directional	is an amendment and name has Hedge Fund of Funds (TE),		dicate change	·.)	080	46013 —————
Address of Executive Offices (Nu 225 High Ridge Road	Number (Including / (203) 352-4400					
Address of Principal Business Op (if different from Executive Office		ity, State, Zip Co	de)	Telephone	Number (Including	Area Code)
Brief Description of Business	To operate as a private investr	nent fund.			PRO	CE33ED
Type of Business Organization	·				MAT	_
□ corporation	limited partnership, a	lready formed		other (please spec	cify): Lim HOM	OPPREMIERO
☐ business trust	☐ limited partnership, to	o be formed				
Actual or Estimated Date of Incom	poration or Organization:	Month _02_	Year <u>07</u>		☐ Estimated	
Jurisdiction of Incorporation or C	rganization (Enter two-letter U. CN for Canada; Fl				_DE_	
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers mak 15 U.S.C. 77d(6). When to File: A notice must be	filed no later than 15 days after	the first sale of s	ecurities in th	e offering. A not	ice is deemed filed v	with the U.S.
Securities and Exchange Commis						ived at that address

after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			A. BASIC IDEN	TIFICATION DATA	·	
2.	Enter the information	n requested for th				
		•	e issuer has been organized	within the past five years:		
	•		•	or direct the vote or disposition	of 10% or more of	a class of equity securities
	of the issuer:	Owner having the	power to vote of dispose, t	ancer the vote of disposition	101, 10 % 0. 111010 0.	a class of equity occurred
	o Each executive	officer and direct	or of corporate issuers and o	of corporate general and manage	ging partners of part	nership issuers; and
	o Each general ar	nd managing partr	er of partnership issuers.			
Check Bo	ox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Manager
Full Nam	e (Last name first, if Bernstein, Gene M					
Business	or Residence Addres		r and Street, City, State, Zip			
Check Bo	c/o U.S. Trust Hed ox(es) that Apply:	lge Fund Manag Promoter	ement, Inc., 225 High Ri Beneficial Owner	dge Road, Stamford, Conne Executive Officer	Director	
	e (Last name first, if					<u>_</u>
	Victor F. Imbimbo	, Jr.		·		
Business	or Residence Addres		r and Street, City, State, Zig	o Code) dge Road, Stamford, Conne	ecticut 06905	
Check Bo	ox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Manager Manager
Full Nam	e (Last name first, if	individual)				
	Stephen V. Murph		10010			
Business	or Residence Addres c/o U.S. Trust Hea		er and Street, City, State, Zip gement, Inc., 225 High Ri	dge Road, Stamford, Conne	ecticut 06905	
Check Bo	ox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Manager Manager
Full Nam	e (Last name first, if David R. Bailin	individual)				
Business	or Residence Addres c/o U.S. Trust Hed		er and Street, City, State, Zip gement, Inc., 225 High Ri	o Code) dge Road, Stamford, Conne	ecticut 06905	
Check Bo	ox(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Nam	e (Last name first, if	individual)				
Business	or Residence Addres	s (Numbe	er and Street, City, State, Zip	Code)		
Check Bo	ox(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Nam	e (Last name first, if	individual)				
Business	or Residence Addres	s (Numbe	er and Street, City, State, Zi	Code)		
Check Bo	ox(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Nam	e (Last name first, if	individual)		· -		
Business	or Residence Addres	s (Numbe	er and Street, City, State, Zi	o Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

						NEODMA	TION ARC	OUT OFFE	PING		·	_	
										a	Yes	No	-
l.			l, or does th in Append					estors in th	iis offering	7		\boxtimes	
2.	What is	the minim	um investn ne discretio	nent that wi	ill be accep	ted from ar	ıy individu					* <u>000,0</u>	
3.	Does the	offering	permit joint	t ownershir	n of a single	e unit					Yes 🏻	No	
<i>3</i> . 4.	Enter the	e informat	ion request	ed for each	person wh	o has been	or will be	paid or give	en, directly	or indirect	ly, any com	mission or	similar
	remuner	ation for s	olicitation or dealer reg	of purchase	ers in conne	ection with	sales of se	curities in t	he offering	. If a perso	on to be liste or dealer	ed is an ass If more the	ociated person or
	persons	to be listed	d are associ	iated person	ns of such	a broker or	dealer, you	may set fo	orth the info	rmation for	r that broke	r or dealer	only.
Full Na	me (Last	name first	, if individu	ıal)									
Busine			lress (Numl Road, Stam				ode)	·		_			
Name o	of Associa	ted Broke	r or Dealer										
States i	in which F	ecurities C Person List	orp. ied Has Sol	icited or In	tends to So	olicit Purch	asers			<u> </u>			
			or check ind									⊠ All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL] [MT]	(IN) (NE)	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	(MN) [OK]	[MS] [OR]	[MO] [PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (Last	name first	, if individu	ual)				_					
			iress (Num , MA 0211		eet, City, S	tate, Zip C	ode)			_			
			r or Dealer nt Services										
			ted Has Sol or check in			olicit Purch	asers					⊠ Al	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	(IL) (MT)	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] {NY}	[MD] [NC]	[MA] [ND]	(MI) (OH)	[MN] [OK]	[MS] [OR]	[MO] [PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (Last	name first	, if individ	ual)				-					
			iress (Num harlotte, NO		eet, City, S	tate, Zip C	ode)	•					
Bank o	of America	ı, N.A.	r or Dealer			- -							
			ted Has Sol or check in			olicit Purch	asers					⊠ AI	l States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
	[MT] [RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)

SEC 1972 (1/94)

Full Name (Las	t name first	t, if individ	ual)								•	
Business or Res 135 South LaSa				-	tate, Zip Co	ode)			-			
Name of Associ		er or Dealer	ı									
States in which	LaSalle Bank, N.A. States in which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								⊠ Al	l States		
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	(CT) [ME] [NY) [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Aggregate Offering	Amount Already
Type of Security	Price	Sold
Debt	<u>\$0</u>	\$0
Equity		\$0
[] Common [] Prefe	rred	
Convertible Securities (including warrants)	<u>\$0</u>	\$0
Partnership Interests		\$0
Other (Limited Liability Company Interests)	\$1,000,000,000	\$62,068,000
Total	\$1,000,000,000	\$62,068,000
Answer also in Appendix, Column 3, if filing under	ULOE.	
aggregate dollar amount of their purchases on the total lines.	Enter "0" if answer is "none" or "zero." Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		\$62,068,000
Non-accredited Investors		\$
Total (for filing under Rule 504 only)		\$
	e information requested for all securities sold by the issuer, to do or to the first sale of securities in this offering. Classify securities	
Type of Offering	Security	Amount Sold
Rule 505		
		\$
Regulation A		\$
Regulation A		· · · · · · · · · · · · · · · · · · ·
		\$
Rule 504 Total 4. a. Furnish a statement of all expenses in connection with the	issuance and distribution of the securities in this offering. Exclu-	\$ \$ \$ ude
Rule 504 Total	issuance and distribution of the securities in this offering. Exclusion is the information may be given as subject to future contingenciate and check the box to the left of the estimate.	\$ \$ \$ ude
A. a. Furnish a statement of all expenses in connection with the amounts relating solely to organization expenses of the issuer the amount of an expenditure is not known, furnish an estima	issuance and distribution of the securities in this offering. Exclusion is the information may be given as subject to future contingencities and check the box to the left of the estimate.	\$ \$ \$ \$ ude ies. If
Rule 504	issuance and distribution of the securities in this offering. Exclu- The information may be given as subject to future contingenci te and check the box to the left of the estimate.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Rule 504 Total	issuance and distribution of the securities in this offering. Exclusion is in the information may be given as subject to future contingence to and check the box to the left of the estimate.	\$ \$ \$ \$ ude les. If \$0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Rule 504 Total	issuance and distribution of the securities in this offering. Exclusion is in this offering. Exclusion is in this offering. Exclusion is in this offering. Exclusion in the information may be given as subject to future contingence the and check the box to the left of the estimate. [X	\$ \$ \$ \$ ude les. If \$0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Rule 504	issuance and distribution of the securities in this offering. Exclusion is in this offering. Exclusion is in this offering. Exclusion in the information may be given as subject to future contingencing to and check the box to the left of the estimate. [X	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Rule 504	issuance and distribution of the securities in this offering. Exclu- The information may be given as subject to future contingenciate and check the box to the left of the estimate. [X	\$ \$ \$ ude less. If \$0 \$* \$* \$\$* \$\$* \$0 \$*

^{*}All offering and organizational expenses are estimated not to exceed \$5,000.

C	OFFERING PRICE,	NUMBER OF	F INVESTORS	EXPENSES AN	D USE OF PROCE	EDS

	expenses furnished in response to Part C - Question 4.a. This diffissuer."	fference is the	ad "ad	uste	d gross proceeds to th	ne	<u>\$</u>	999,995,000
5.	Indicate below the amount of the adjusted gross proceeds to the inpurposes shown. If the amount for any purpose is not known, fur estimate. The total of the payments listed must equal the adjusted C - Question 4.b above.	rnish an estin	nate	and c	heck the box to the le	eft of	the	Part
					Payments to Officers, Directors, & Affiliates			Payments to Others
	Salaries and fees	•••••	[]	\$	[1	\$
	Purchase of real estate		[]	\$	[]	\$
	Purchase, rental or leasing and installation of machinery and equ	ipment	[]	\$	(]	\$
	Construction or leasing of plant buildings and facilities	•••••	ĺ]	\$	[]	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the ass securities of another issuer pursuant to a merger)	ets or	[}	\$	[]	\$
	Repayment of indebtedness		[]	<u>s</u>	[]	\$
	Working capital		[]	\$	1]	\$
	Other (specify): Investment Capital		[x j	\$999,995,000	[]	\$
	Column Totals		[X]	\$999,995,000	[]	\$
	Total Payments Listed (column totals added)	***********			[X] \$99	99,99	5,00	00
_	D. FEI	DERAL SIG	TAP	URE				
sigi	e issuer has duly caused this notice to be signed by the undersigned nature constitutes an undertaking by the issuer to furnish to the U.S primation furnished by the issuer to any non-accredited investor pure	S. Securities a	ınd E	xcha	nge Commission, up			
Issi	uer (Print or Type)	Signature	$\sqrt{}$	$\overline{\ \ }$			Dat	e (/ /
Ex	celsior Directional Hedge Fund of Funds (TE), LLC		$\underline{\smile}$	<u>√</u>				4/22/08
Vai	me of Signer (Print or Type)	Title of Sign	er (P	rint c	or Type)			
Ste	even L. Suss	Chief Finar	cial	Offi	cer			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

	E. ST	TATE SIGNATURE						
1.	Yes No. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?							
	See Appendix, Column 5,	for state response. Not applicable						
2.	The undersigned issuer hereby undertakes to furnish to any st (17 CFR 239.500) at such times as required by state law. Not		ice is filed, a notice on Form D					
3.	The undersigned issuer hereby undertakes to furnish to the sta offerees. Not applicable	ate administrators, upon written request, inform	nation furnished by the issuer to					
4.	The undersigned issuer represents that the issuer is familiar w Offering Exemption (ULOE) of the state in which this not exemption has the burden of establishing that these conditions	ice is filed and understands that the issuer c						
	ne issuer has read this notification and knows the contents to idersigned duly authorized person.	be true and has duly caused this notice to l	be signed on its behalf by the					
Iss	suer (Print or Type)	Signature	Date					
_Ex	xcelsior Directional Hedge Fund of Funds (TE), LLC	<u></u>	4/22/08					
Na	ame (Print or Type)	Title (Print or Type)						
Ste	even L. Suss	Chief Financial Officer						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

	EXCELSIOR DIRECTIONAL HEDGE FUND OF FUNDS (TE), LLC										
1	2		3		4	- · · · · · · · · · · · · · · · · · · ·	5 Not Applicable				
	Intend to non-acc invest Sta (Part B-	redited ors in ite	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of i	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)						
State	Yes	No	Limited Liability Company Interests \$1,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AK											
AL											
AR											
AZ											
CA		х	х	6	\$1,950,000	0	0				
СО				-							
СТ		Х	х	8	\$1,625,000	0	0				
DC											
DE											
FL		Х	X	3	\$1,975,000	0	0				
GA		Х	X	4	\$5,500,000	0	0				
HI											
IA											
ID		•									
IL		Х	X	1	\$7,518,000	0	0				
IN											
KS											
KY											
LA											
MA		Х	X	15	\$1,800,000	0	0				
MD											
ME											
MI								·			
MN											
МО		х	х	3	\$12,600,000	0	0				
MS											
МТ											
NC		Х	х	4	\$1,275,000	0	0				

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APPENDIX

EXCELSIOR DIRECTIONAL HEDGE FUND OF FUNDS (TE), LLC									
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Limited Liability Company Interests \$1,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
ND					<u></u>				<u> </u>
NE -					<u> </u>				
NH		<u> </u>						-	
NJ	 								-
NM NV	-								
NY		X	X	11	\$8,075,000	0	0		
ОН	 		^	11	\$6.075.000	•			
OK		 						·	
OR									
PA		 			_				
PR									
RI		Х	Х	5	\$2,000,000	0	0		
SC	1			_					
SD									
TN		X	Х	3	\$1,175,000	0	0		
TX		Х	X	1	\$1,100,000	0	0		
UT									
VA		Х	X	8	\$15,475,000	0	0		
VI									
VT							<u> </u>		
WA									
WI									
wv									
WY									



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